

**MULTIPLE-DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-678)

SERIAL NO. **10/088223** FILING DATE  
APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3					
TOTAL DEP.	11					
TOTAL CLAIMS	14					

	1 <sup>ST</sup>		2 <sup>ND</sup>		3 <sup>RD</sup>	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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